1.1	ARTICLE 13
1.2	CHILD CARE LICENSING
1.3	Section 1. [142B.171] CHILD CARE WEIGHTED RISK SYSTEM.
1.4	Subdivision 1. Implementation. The commissioner shall develop and implement a child
1.5	care weighted risk system that provides a tiered licensing enforcement framework for child
1.6	care licensing requirements in this chapter or Minnesota Rules, chapter 9502 or 9503.
1.7	Subd. 2. Documented technical assistance. (a) In lieu of a correction order under section
1.8	142B.16, the commissioner shall provide documented technical assistance to a family child
1.9	care or child care center license holder if the commissioner finds that:
1.10	(1) the license holder has failed to comply with a requirement in this chapter or Minnesota
1.11	Rules, chapter 9502 or 9503, that the commissioner determines to be low risk as determined
1.12	by the child care weighted risk system;
1.13	(2) the noncompliance does not imminently endanger the health, safety, or rights of the
1.14	persons served by the program; and
1.15	(3) the license holder did not receive documented technical assistance or a correction
1.16	order for the same violation at the license holder's most recent annual licensing inspection.
1.17	(b) Documented technical assistance must include communication from the commissioner
1.18	to the license holder that:
1.19	(1) states the conditions that constitute a violation of a law or rule;
1.20	(2) references the specific law or rule violated; and
1.21	(3) explains remedies for correcting the violation.
1.22	(c) The commissioner shall not publicly publish documented technical assistance on the
1.23	department's website.
1.04	See 2 Minnegate Statutes 2022 spatian 245A 065 is amonded to read
1.24	Sec. 2. Minnesota Statutes 2022, section 245A.065, is amended to read:
1.25	245A.065 CHILD CARE FIX-IT TICKET.
1.26	Subdivision 1. Fix-it ticket. (a) In lieu of a correction order under section 245A.06, the
1.27	commissioner shall issue a fix-it ticket to a family child care or child care center license
1.28	holder if the commissioner finds that:
1.29	(1) the license holder has failed to comply with a requirement in this chapter or Minnesota
1.30	Rules, chapter 9502 or 9503, that the commissioner determines to be eligible for a fix-it
1.31	ticket;

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2.1	(2) the violation does not imminently endanger the health, safety, or rights of the persons
2.2	served by the program;
2.3	(3) the license holder did not receive a fix-it ticket or correction order for the violation
2.4	at the license holder's last licensing inspection;
2.5	(4) the violation can be corrected at the time of inspection or within 48 hours, excluding
2.6	Saturdays, Sundays, and holidays; and
2.7	(5) the license holder corrects the violation at the time of inspection or agrees to correct
2.8	the violation within 48 hours, excluding Saturdays, Sundays, and holidays.
2.9	(b) The fix-it ticket must state:
2.10	(1) the conditions that constitute a violation of the law or rule;
2.11	(2) the specific law or rule violated; and
2.12	(3) that the violation was corrected at the time of inspection or must be corrected within
2.13	48 hours, excluding Saturdays, Sundays, and holidays.
2.14	(c) The commissioner shall not publicly publish a fix-it ticket on the department's website.
2.15	(d) Within 48 hours, excluding Saturdays, Sundays, and holidays, of receiving a fix-it
2.16	ticket, the license holder must correct the violation and within one week submit evidence
2.17	to the licensing agency that the violation was corrected.
2.18	(e) If the violation is not corrected at the time of inspection or within 48 hours, excluding
2.19	Saturdays, Sundays, and holidays, or the evidence submitted is insufficient to establish that
2.20	the license holder corrected the violation, the commissioner must issue a correction order
2.21	for the violation of Minnesota law or rule identified in the fix-it ticket according to section
2.22	245A.06.
2.23	Subd. 2. Expiration. This section expires upon the implementation of the child care
2.24	weighted risk system in section 142B.171. The commissioner of children, youth, and families
2.25	shall notify the revisor of statutes when the system has been implemented.
2.26	Sec. 3. Minnesota Statutes 2023 Supplement, section 245A.50, subdivision 3, is amended
2.27	to read:
2.28	Subd. 3. First aid. (a) Before initial licensure and before caring for a child, license
2.29	holders, second adult caregivers, and substitutes must be trained in pediatric first aid. The
2.30	first aid training must have been provided by an individual approved to provide first aid
2.31	instruction. First aid training may be less than eight hours and persons qualified to provide

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- 3.1 first aid training include individuals approved as first aid instructors. License holders, second
- 3.2 adult caregivers, and substitutes must repeat pediatric first aid training every two years
- 3.3 within 90 days of the date the training was previously taken. License holders, second adult

3.4 caregivers, and substitutes must not let the training expire.

- 3.5 (b) Video training reviewed and approved by the county licensing agency satisfies the
 3.6 training requirement of this subdivision.
- 3.7 Sec. 4. Minnesota Statutes 2023 Supplement, section 245A.50, subdivision 4, is amended
 3.8 to read:
- Subd. 4. Cardiopulmonary resuscitation. (a) Before initial licensure and before caring 3.9 for a child, license holders, second adult caregivers, and substitutes must be trained in 3.10 pediatric cardiopulmonary resuscitation (CPR), including CPR techniques for infants and 3.11 children, and in the treatment of obstructed airways. The CPR training must have been 3.12 provided by an individual approved to provide CPR instruction. License holders, second 3.13 adult caregivers, and substitutes must repeat pediatric CPR training at least once every two 3.14 years within 90 days of the date the training was previously taken, and the training must 3.15 document the training be documented in the license holder's records. License holders, second 3.16 adult caregivers, and substitutes must not let the training expire. 3.17 (b) Persons providing CPR training must use CPR training that has been developed: 3.18 (1) by the American Heart Association or the American Red Cross and incorporates 3.19
- 3.20 psychomotor skills to support the instruction; or
- 3.21 (2) using nationally recognized, evidence-based guidelines for CPR training and
 3.22 incorporates psychomotor skills to support the instruction.

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